

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/836,163

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		Cancel					51		1				
2							52		1				
3							53		1				
4							54	1					
5							55		1				
6							56		2				
7							57		1				
8							58	1					
9							59	1					
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40		Cancel					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS